

No. 2
-2-43
-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

159

State File No.

FILED FEB 1 1944
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 820

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Res: 5371 Waterman Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 912

(d) Street No. #5371 Waterman Ave.
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME WILLIE EADS CASON.

3. (b) If veteran, name war none.

3. (c) Social Security No. none.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan'y day 25th.
year 1944. hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from Aug 1 1943
1943 to Jan 25 1944
that I last saw her alive on Jan 25 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Herbert E. Cason 6. (c) Age of husband or wife if alive.....years

7. Birth date of deceased March 27, 1858.
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage

Due to Art Schmitz and age.

Due to.....

Other conditions (Include pregnancy within 5 months of death) 83

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day

85. 9. 28. hr. min.

9. Birthplace Carrollton, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business.....

12. Name William M. Eads.

13. Birthplace Kentucky!
(City, town, or county) (State or foreign country)

14. Maiden name Laura Blackwell.

15. Birthplace Howard Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs John W. Harrison.

(b) Address 5371 Waterman Ave.,

17. (a) Removal. (b) Date thereof 1/27/44.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carrollton, Mo.,

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address #7233 Delmar Bldg.

19. (a) JAN 26 1944 (b) J.F. Bradeck
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature S. L. Stearns (M. D. or other) 0
Address 37-20 Washington Date signed 1/26/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

844

(Licensed Embalmer's Statement on Reverse Side)

3720 Washington
93 6111
J. A. G. P. M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Clarence H. Murray
Licensed Embalmer No. 4011
P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.